Montana Department of Environmental Quality							
Notification for Underground Storage Tanks Facility ID Number:							
Contact the Department: (406) 444 -5300 or via the internet at ustprogram@state.mt.us							
INSTRUCTIONS Please type or print in ink all items except "signature" in Section IV. This form must be completed for each location containing underground storage tanks							
TYPE OF NOTIFIC A. CHANGE OF OWNER					CATION B. AMENDED OWNER INFORMATION		
GENERAL INFORMATION						owner my ordinaria	<i>5</i> 11
Notification is required for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8,							
1986, or that are brought into use after May 8, 1986.							
Who Must Notify? Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM) require that, unless exempted, owners of underground tanks that store regulated substances must notify designated State and local agencies of the existence of their tanks. Owner means - (a) in the case of an underground storage tank in use on November 8, 1984 or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances and							
(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use							
An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.							
An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.							
Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given for which false information is submitted. Criminal penalties may also apply.							
I. OWNERSHIP OF TANKS					II. OPERATOR OF TANKS		
Owner Name (Corporation, Individual, Public Agency, or Other Entity)					Operator Name		
Mailing Address					Operator Address		
PO Box					City	State	Zip
City		State		Phone Number			
County		-	`				
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Federal Tax ID # Phone Number III. LOCATION OF TANKS							
Facility Name or Company site identifier, as applicable					Street address or physical location (PO Box not acceptable)		
					City	State	Zip
Legal Description:					City	State	Zip
Legal Descripti	on:						
Township	N, S Range	E, W	1/4	1/4 Lot	County	Phone N	Number
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IV. CERTIFICATION							
I certify under penalty of law that the submitted information is true, accurate, and complete.							
Name and offi	cial title of owne	er or owne	r's representative (I	SIGNATURE (below)			

Date Signed